

**THE INSTITUTE OF CHARTERED ACCOUNTANTS OF NIGERIA**  
**INDIVIDUAL MEMBERSHIP APPLICATION FORM FOR THE FACULTY**

**SECTION A**

1. Surname: \_\_\_\_\_
2. Other Names: \_\_\_\_\_
3. ICAN Membership No: \_\_\_\_\_
4. Telephone No: \_\_\_\_\_ Mobile \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

**SECTION B**

For:    One Faculty            ₦5,000  
       Two Faculties         ₦10,000  
       Three Faculties        ₦15,000

7. Tick Faculty (ies) of choice (maximum of three)

- Audit, Investigations and Forensic Accounting;
- Consultancy and Information Technology;
- Corporate Finance Management
- Financial Reporting
- Insolvency And Corporate Re-Engineering;
- Public Finance Management;
- Taxation And Fiscal Policy Management;

8. Amount Paid: ₦ \_\_\_\_\_

9. Teller/Receipt No: \_\_\_\_\_

10. Date of Payment: -----

11. Employment History: Position, Office and Dates: (Last 5 years)

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12. Signature: \_\_\_\_\_

Date: \_\_\_\_\_